

PART I

DEPARTMENT OF PERSONNEL SERVICES
STATE OF HAWAII

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Class Specification
for the:

TEMPORARY DISABILITY INSURANCE/HEALTH CARE SPECIALIST SERIES
(TDI/HEALTH CARE SPECIALIST)

Series Definition:

This series includes all classes of positions the duties of which are to supervise and perform professional work involved in the review, examination and determination of claims benefits and the examination and determination of whether insurance policies, employers self-developed plans or collective bargaining agreements provide benefits equivalent to the minimum requirements of the Temporary Disability Insurance (TDI) and Pre-Paid Health Care laws, rules and regulations.

Temporary Disability and Pre-Paid Health Care are insurance programs in which employers are required to provide coverage to all eligible employees for monetary payments to replace wages lost when they do not work because of sickness or other disability and to cover medical service benefits. Benefits are provided for eligible workers whose sickness, injuries or disabilities are incurred for reasons other than their employment. Coverage can be provided through the purchase of insurance policies, development of the employer's own plan (self-insurance, or collective bargaining agreements or in the case of health protection, membership in a health care association.

A. Claims Examination:

The actual amounts, duration, and kinds of benefits to be provided to claiming employees are determined by the insurance carriers, self-insured employer or health-care contractor. However, in the case of TDI, all rejections of claims are reviewed by positions in this series to determine whether such rejections were appropriate under provisions of the approved plan, to which the employer subscribed, or to minimum provisions of law. In the case of Health Care, rejection of employees' claims due to non-payment of premiums may be appealed by the claimant for State review and are reviewed by positions in this series.

In the case of TDI, two additional types of claims are reviewed and examined for approval by positions in this series for payment from a special compensation fund controlled by the State and established from employer contributions and penalties collected. They are for those persons who meet the following criteria: (a) employees whose employer went out of business or bankrupt and consequently did not provide coverage during the employees' periods of illness; and (b) unemployed persons whose unemployment insurance benefits were discontinued because of inability to accept bona fide job offers because of illness or

disability. Claims examination by positions in this series involves (a) a determination of whether claimants are eligible for benefits under the conditions described above, and (b) the amount and duration of benefits.

B. Plans Evaluation:

The overall plan chosen by the employer to provide TDI and Health Care Services and benefits and the proportions of employee-employer contributions to the premium cost or cost of administration are subject to examination and approval. Failure to provide coverage through an approved plan is subject to penalty and may be cause for cessation of business activity. The examination of plans involves a review of the benefits and provisions of services to make the following determinations:

- (1) Temporary Disability Insurance Plans: Examination of insurance policies providing TDI benefits is by another agency although it may involve prior consultation with specialists in this series. Positions in this series examine employers' self-developed plans and collective bargaining agreements providing TDI benefits. Positions in this series determine whether (a) all eligible employees are covered; (b) the amount of wages to be replaced is equivalent or better to a minimum percentage amount set forth in law; (c) the duration of payments and any waiting period required are equivalent to statutory minimums through use of conversion tables; (d) the proportion of premium contributions between employee and employer is not higher than a statutory maximum and/or that otherwise, the cost to the employee does not exceed a certain base percentage of his or her average weekly wage. The examination may also entail determination of whether the employer who requests self insurance is financially solvent. This determination is based on a current financial statement, prepared by a certified accounting firm other than the employer, and is performed only for small enterprises. Eligibility for self-insurance consists primarily of determining if the assets of the firm available meet a minimum amount in relation to the number of employees covered. The minimum amounts are determined from a table prepared by professional accountants. Difficult financial solvency questions such as those involving large enterprises or employers who do not provide current financial statements, are referred to professional auditors for examination.
- (2) Pre-Paid Health Care Plans: Provisions of the health care insurance plans submitted by employers for review are examined for conformance with provisions similar to those described for Temporary Disability Insurance plans under (a), (c) and (d) above. Additionally, health care plans are examined to determine whether the benefits, including kinds of medical services provided, are equivalent to

services provided by either of the two prevailing health care plans in the State, as required by law. Final technical approval of health care plans is by a Health Care Advisory Council of the Department and positions in this series are required to appear before the Council to explain findings and make recommendations as requested as to acceptance, rejection or conditional acceptance pending modification of the plan. No examination of financial solvency of employers wishing to self-insure health care benefits is performed by positions in these series. Such determinations are referred for examination by professional auditors.

Positions in this series are responsible for understanding and applying provisions of the TDI and/or Pre-Paid Health care laws, rules, and regulations, guidelines, interpretations, and precedents; and methods and procedures for collection and evaluation of data and performance of claims and plans examination work.

Positions concerned primarily with the clerical examination of claims or plans are not included in this series. Clerical examination of plans and claims includes work such as, review of employers' submissions to determine if they constitute plans previously submitted and approved by the program; review of plans and claims to determine if forms are completely filled out and whether required attachments, if any, are present; review and approval of Temporary Disability Insurance Plans which do not stipulate conditions of benefits but merely state that "statutory benefits shall be provided," and related work which does not require the interpretation, analysis and application of the applicable laws, rules, regulations and precedent cases and professional analysis and determination of acceptance of claims and plans.

Levels in this series are distinguished by the following factors: nature and scope of work, nature of available guidelines, originality required, supervision received and exercised, nature and purpose of personal contacts, nature and scope of recommendations, commitments and decisions, and knowledges and abilities required.

This is the first specification for the new class TEMPORARY DISABILITY INSURANCE / HEALTH CARE SPECIALIST I

DATE APPROVED: 12/12/79


DONALD BOTELHO
Director of Personnel Services

TEMPORARY DISABILITY INSURANCE/HEALTH CARE SPECIALIST I 3.852
(TDI/HEALTH CARE SPCLT I)

Duties Summary:

Receives formal and on-the-job training and assists in a trainee capacity in activities relating to the State Temporary Disability Insurance and Health Care programs; and performs other duties as required.

Distinguishing Characteristics:

This is a trainee class which involves formal and on-the-job training in a variety of temporary disability insurance and health care activities. A trainee is expected to handle relatively simple cases involving issues which are resolved through examination of documentation, telephone calls to insurance carriers, or employer or claimants. Such cases involve determining whether claims filed against the TDI special compensation fund were filed by eligible claimants; and whether claims rejected by insurance carriers were from ineligible claimants.

An incumbent works under the close supervision of a higher level TDI/Health Care Specialist and receives detailed instructions and close review with each assignment. The degree of instruction and review received varies with the newness and complexity of the assignment and the progress made by the trainee.

Examples of Duties:

Receives orientation and training in the history, purpose and objectives of the program and pertinent laws, the role and function of the assigned unit, the use and purpose of TDI and Health Care special funds and how they are administered and the requirements for receiving benefits from the funds; receives orientation and training in the analysis of temporary disability, sick leave, wage continuance and health care maintenance plans and claims filed against the special disability fund for benefits; reviews claims and determines validity of same; reviews temporary disability and health care plans for employers which provide basic, statutory benefits and recommends approval or identifies problems and recommends actions required for resolution; analyzes insurers' denial notices for health care and temporary disability, determines whether the denial is appropriate and recommends action required for resolution.

Knowledges and Abilities Required:

Knowledge of: Social sciences.

Ability to: Learn and apply principles, practices and procedures for the examination of claims and plans; learn, understand and apply pertinent provisions of the Hawaii Temporary Disability Insurance or Pre-Paid Health Care laws, rules, and regulations; obtain, analyze and evaluate facts; deal effectively with others.

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Class Specification
for the Class:TEMPORARY DISABILITY INSURANCE/HEALTH CARE SPECIALIST II
(TDI/HEALTH CARE SPCLT II)Duties Summary:

Performs the full range of Temporary Disability Insurance (TDI) claims examination and denial of benefits review; assists and participates in the review of TDI and Health Care plans; receives advanced training; and performs other duties as required.

Distinguishing Characteristics:

This class reflects responsibility for performing the full range of TDI claims examination and review of denial of benefits, for receiving advanced training and for assisting higher level specialists in TDI and Health Care Plans review. The scope of work includes independently receiving and reviewing the full range of claims for TDI benefits against the special compensation fund and reviewing denials of TDI or Health Care benefits. TDI responsibilities include developing information, clarifying and verifying facts; determining eligibility of the applicant and duration and kind of benefits due; determining the appropriateness of denial based on clearly defined precedents, rules and regulations and other guidelines; and recommending approval or disapproval of claims or denials of benefits. Positions also review the less complex TDI plans submitted by employers where the review consists of a comparison of the plan against statutory benefits, including determining whether basic elements such as eligibility and benefit provisions are appropriate; the appropriateness of the employee-employer premium sharing aspects and assisting in calculating overall equivalency of other than statutory plans through the use of a factor table. A position in this class also receives training and assists higher level specialists in reviewing nonstandard TDI plans and new prepaid Health Care plans against standards established in the law by identifying and describing benefits and preparing preliminary analyses.

The work is controlled by established procedures and precedents. Incumbents are responsible for the accuracy of information, computations and comparisons and apply methods and procedures for claims examination without substantial guidance. An incumbent is responsible for recognizing and requesting more guidance on complex cases or those without applicable precedents. Supervision is general on more routine assignments and closer in more complex areas such as plans review. Assignments of a complex nature may be given for training purposes.

Examples of Duties:

TDI: Receives and reviews temporary disability claims to identify those that are chargeable against the special fund; ensures that all medical, wage and employment reports, pertinent unemployment insurance notices and other related documents are on file; reviews the information to determine whether the claim is valid or invalid; prepares denial notices to be sent to the claimant for invalid claims; approves valid claims and processes monetary determinations to be distributed to the claimant and others; receives and reviews continued claims and approves and prepares necessary documents for processing continued benefit payments; determines when additional updated medical records are required, secures them and completes review for claims; receives and reviews insurers' written denial of benefits for TDI; determines whether grounds for denial are appropriate relative to requirements of the law and/or provisions of the insurers' plan; contacts the insurer to notify and explain reasons as to why their denials are deficient and remands cases for reconsideration; explains to claimants their appeal rights and the department's appeal process and may assist them in filing an appeal; receives denials of health care benefits due to nonpayment of premium; verifies facts; may refer case for enforcement action; receives training in, and as competence is acquired, independently receives and reviews employers' statutory plans for the provision of temporary disability insurance coverage for employees; verifies whether the plan complies with statutory requirements in terms of duration, employee-employer share of the premium, qualification requirements and related features; notifies the employer if the plan is invalid, pointing out necessary revisions to correct inadequacies; identifies factors to be used in determining equivalency for nonstatutory plans; using the factor table, computes equivalence factor and makes recommendation as to the acceptance or rejection of the plan; may receive and process employers' registration.

Health Care: Receives advanced training and orientation and assists higher level specialists in reviewing new health care plans against the most prevalent plans by identifying and recording the provisions of such plans; reviews and approves employers' exemptions of certain employees from health care plan coverage for straightforward reasons such as, coverage by a federally established plan or as a dependent under spouse's qualified health care plan or as a member of a religious group whose beliefs do not permit such coverages.

General: Explains provisions of the TDI and Health Care laws to employers, employees, insurance carriers and others; may prepare necessary computer forms to input data regarding health care and TDI plans; prepares reports.

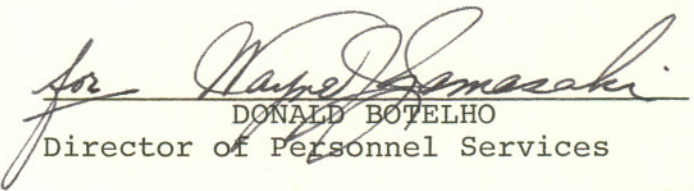
Knowledges and Abilities Required:

Knowledge of: Principles and techniques of claims examination; interviewing methods and techniques; report writing.

Ability to: Understand and apply State TDI and Health Care law, rules and regulations relating to benefit provisions, coverage and exempted services, methods of computation of average weekly wages and maximums, definition of primary and secondary employer, premium payment requirements, and development of plans; learn and apply principles of plans examination; obtain information from others orally and in writing; deal effectively with claimants, employers and insurance carriers; prepare written reports; analyze and evaluate facts, rules and regulations, claims and precedent cases.

This is the first specification for the new class TEMPORARY
DISABILITY INSURANCE/HEALTH CARE SPECIALIST II.

DATE APPROVED: 12/19/79

for 
DONALD BOTELHO
Director of Personnel Services

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Class Specification
for the Class:

TEMPORARY DISABILITY INSURANCE/HEALTH CARE SPECIALIST III
(TDI/HEALTH CARE SPCLT III)

Duties Summary:

Reviews and recommends the approval or disapproval of plans and TDI provisions of collective bargaining agreements submitted by insurance carriers and employers to meet requirements of the TDI and Health Care laws, rules and regulations of the State; and performs other duties as required.

Distinguishing Characteristics:

This class reflects responsibility for independently reviewing the full range of TDI plans submitted by self-insured employers and of TDI provisions of collective bargaining agreements for conformance with statutory requirements and for performing moderately complex health care plans review. TDI plans review work includes significant difficulties such as an employer having several classes of employees reflecting different methods of coverage and/or excluded services and regularly involves the determination of overall equivalency where benefits of the plans are at variance with basic statutory requirements. The scope of work also includes the determination of financial solvency for small businesses to determine their eligibility for self-insurance through the use of factor tables and advising and assisting employers as to how non-complying plans can be brought into conformance with statutory requirements. Work in the examination of health care plans involves the identification of services and benefits, qualifying requirements and other factual information and comparing the plan with models established by law and/or precedent plans approved by the Health Care Advisory Council. A position in this class reviews the full range of health care plans but assignments are typically limited to moderately complex plans where there are significant variables in features from those models established by law but where such variables are limited in number.

Positions also assist higher level specialists and participate in reviewing plans submitted by individual employees seeking a waiver from coverage by the employer's group health care plan. Certain positions in this class may also perform the most difficult and complex claims examination and denials of benefit cases where the claims or denials exhibit unusual or unique problems or features. Health care plans review includes responsibility for attending Health Care Council meetings to answer questions and explain aspects of the plans as requested; taking notes and following up independently with the insurer or health care contractor for corrective actions required for the plan to conform

to requirements as specified by the Council. Some positions may also perform, in addition, a significant amount of work of the next lower level.

Positions work within established policies, procedures, methods and standards. Guidelines are the law, rules and regulations, precedent cases, and internal guidelines. In addition, in health care plans examination, guidelines consist of precedent decisions rendered by the Health Care Advisory Council in the form of cases reflecting "substantial equivalency of plans," since the law permits substitution of benefits equal to or medically reasonably substitutable for specified benefits. A position in this class will be required to apply discretion and judgment in the determination of whether given combinations of plans' benefits and features meet models established by law or substantial equivalency precedents and guidelines.

Positions are under the general supervision of a higher level specialist and assignments are carried out independently without consultation with the supervisor except in cases of unusual difficulty or complexity. Work in the more complex areas of health care plans review are subject to review for soundness of recommendations and overall conformance with Council requirements, program standards, policies and guidelines.

Examples of Duties:

TDI: Receives and reviews the full range of TDI plans submitted by self-insuring employers or of the TDI provisions of collective bargaining agreements for conformance with statutory requirements and equivalence; gathers pertinent information and determines that all eligible employees are covered; identifies features of the various methods of coverage used for each group of employees; determines whether provisions of the plan(s) and/or collective bargaining agreements are in conformance with minimum requirements of the statute or are equivalent; computes equivalence using a conversion table; rejects unsuitable plans and advises the employer or union as to steps required to render the plan acceptable; reviews financial statements for small enterprises to determine whether the employer is financially solvent such that he can self-insure; refers for professional auditing review those employers seeking self-insurance when the enterprise is large and/or financial statements are not available; may review the most difficult claims referred by lower level specialists as assigned; identifies problems and makes recommendations where the claim involves a precedent-setting decision or interpretation and application of the law.

Health Care: Receives and reviews health care insurance plans; identifies services, benefits, exclusions and related facts regarding the plans; prepares a worksheet and makes comparison with models established by law and/or precedent plans approved by the Council; makes recommendations as to deficiencies, favorable features and related matters and recommends approval, disapproval

or conditional approval; attends Health Care Council meetings to provide information regarding the plans and to explain aspects of the plans as requested; takes notes and follows up with the applicable insurance carrier or health care contractor as to corrective actions required for conformance with Council requirements; participates in reviewing health care plans submitted by individual employees by extracting pertinent information as to the nature, duration and related aspects of the varied components of the plan.

General: May review appealed TDI cases before referral to the TDI appeal referees, contacting the claimant where the claim is clearly invalid to attempt to obtain withdrawal of the appeal; refers TDI and Health Care cases for investigation and enforcement; may analyze cases of subrogation and make recommendations; answers inquiries; prepares correspondence and reports and may assist in the registration of employers.

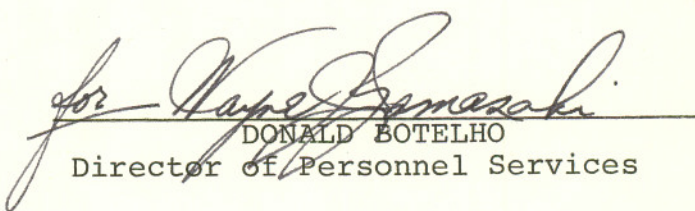
Knowledges and Abilities Required:

Knowledge of: State TDI laws, rules, and regulations relating to benefit provisions, coverage and exempted services, premium sharing, computation of average weekly wage and maximums, and definition of primary/secondary employer; State Pre-Paid Health Care laws, rules, and regulations relating to benefit provisions, coverage, exempted services, premium, primary/secondary employer; guidelines established by the Council (as available) on making determinations of substantial equivalency.

Ability to: Understand, interpret and apply TDI and Health Care laws, rules, and regulations; read and derive patterns of approval of precedent cases established by the Council to be used for determining substantial equivalency; elicit information from others orally and in writing; deal effectively with employers, insurance carriers or health care contractors; prepare written reports; analyze and evaluate facts, plans, rules, regulations and precedent cases.

This is the first specification for the new class TEMPORARY DISABILITY INSURANCE/HEALTH CARE SPECIALIST III.

DATE APPROVED: 12/19/79


DONALD BOTELHO
Director of Personnel Services

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Class Specification
for the Class:TEMPORARY DISABILITY INSURANCE/HEALTH CARE SPECIALIST IV
(TDI/HEALTH CARE SPCLT IV)Duties Summary:

Performs the most difficult and complex health care plans review and acceptance activities as a regular assignment; and performs other duties as required.

Distinguishing Characteristics:

This class reflects primary and predominant responsibility for performing the most difficult and complex health care plans review and acceptance assignments. Assignments at this level reflect significant difficulties including factors such as, multiple coverage; multiple benefits and features at variance with standard models as specified by law or precedents; the provision of consultative and advisory services to insurance carriers or health care contractors to assist them in developing acceptable health care plans meeting the requirements of the Health Care Advisory Council and the law; active participation in Council discussions by recommending approval, disapproval or conditional approval of plans including pointing out features for special consideration by the Council; and the independent review of individual employees' plans for those who apply for exemption from joining their employer's group benefit plans where a broad range of variables in the benefits are offered and a thorough analysis of all features is required including limitations, deductions, premium contribution, dependents' coverage, relation of premium to benefit, identification of subtle gaps in provisions and the like. A position in this class may also perform the analysis and evaluation of more difficult Temporary Disability Insurance plans including the resolution of unusual or unprecedented problems.

Guidelines are the same as identified for the next lower level; in addition, positions in this class require thorough knowledge of Council requirements, precedents and divisional standards when advising insurers or health care contractors in the development of new plans which would be acceptable to the Council.

A position in this class is under the general supervision of a higher level TDI/Health Care Specialist. Incumbents are expected to carry out assignments independently and to notify the supervisor only of unusual activities or to consult with the supervisor when need arises.

Recommendations relative to the acceptance or rejection of Health Care insurance plans or health care contracts are given a

final full evaluation by the Health Care Advisory Council of the department.

Person-to-person contacts are significant and are with the employers, insurance carriers and others to notify them of non-conforming aspects of their submitted plans and to advise and assist them in adjusting plans or in developing new plans to conform with Council and statutory requirements.

Examples of Duties:

Reviews health care plans submitted by insurance carriers or contractors; assesses and analyzes all conditions of the plan(s) including premiums, co-insurance clauses, deductibles, benefits and services, exclusions, gaps in provisions, overlaps, services over the minimum statutory requirement such as vision and dental features and other related factual elements of the plan; compares plan with requirements of the law and/or precedent plans of the Council where applicable; determines whether, overall, the plan's provisions and features are at least as favorable as those provided by law; recommends approval, disapproval or conditional approval pending corrective action; attends Health Care Council meetings to explain and provide information regarding the plans; points out favorable, unfavorable or non-conforming aspects of the plan and recommends, if requested, corrective action required; takes notes and independently follows up on corrective action required; meets and discusses with insurance carriers or health care contractors, requirements of the Hawaii law and of the Council; advises them on construction of their proposed plan(s) so as to meet statutory and Council requirements; reviews health care plans submitted by individual employees seeking to waive their coverage under their employer's group benefit plans; evaluates the benefits, services and features of the plan to determine whether they are at least as favorable as required by law; counsels and advises them as to whether gaps exist and as to the kinds of services and benefits which should be incorporated into the plan to make it comparable to statutory requirements; may review very complex and unique TDI plans referred from lower levels; identifies problems and makes recommendations for resolution where the interpretation and extension of precedents or guidelines currently available are involved; may refer cases for investigation and enforcement action; may analyze subrogation requests; answers inquiries regarding the TDI and Pre-Paid Health Care laws, rules and regulations and prepares correspondence and reports.

Knowledges and Abilities Required:

Knowledge of: State TDI laws, rules and regulations relating to benefit provisions, coverage and exempted services, premium sharing, computation of average weekly wage and maximums, and definition of secondary/primary employer; State Pre-Paid Health Care laws, rules and regulations relating to benefit provisions, coverage, exempted services, premium, primary/secondary employer;

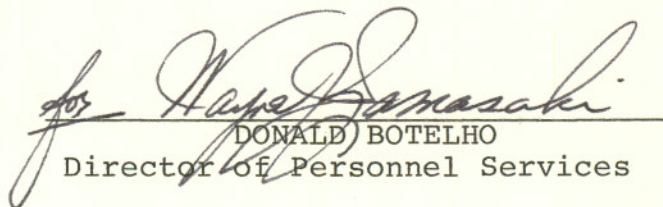
guidelines established by the Council (as available) on making determinations of substantial equivalency.

Ability to: Understand, interpret and apply TDI and Health Care laws, rules and regulations; read and derive patterns of approval of precedent cases established by the Council to be used for determining substantial equivalency; elicit information from others orally and in writing; deal effectively with employers, insurance carriers and health care contractors; prepare written reports; analyze and evaluate factors, plans, rules, regulations and precedent cases.

This is an amendment to the specification for the class
TEMPORARY DISABILITY INSURANCE/HEALTH CARE SPECIALIST IV
which was approved on May 31, 1977.

DATE APPROVED:

12/19/79


DONALD BOTELHO
Director of Personnel Services

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Class Specification
for the Class:TEMPORARY DISABILITY INSURANCE/HEALTH CARE SPECIALIST V
(TDI/HEALTH CARE SPECIALIST V)Duties Summary:

Supervises the operations of a program for claims examination and the statewide review and approval of plans for the Temporary Disability Insurance and Pre-paid Health Care programs of the State; and performs other duties as required.

Distinguishing Characteristics:

This class involves responsibility for supervising the operations of a program for claims examination and the statewide review and approval of plans for the provision of Temporary Disability Insurance (TDI) and Health Care Insurance benefits. Activities include examination of claims for TDI benefits filed by employees whose employers could not provide benefits because they went out of business or were bankrupt, or by unemployed persons whose unemployment insurance benefit payments were discontinued because they failed to accept a bona fide job offer due to temporary illness or disability; examination of claims rejected for health care and temporary disability benefits to determine if they were appropriately rejected and in accordance with statutory requirements or requirements of the employers' plans; examination of pre-paid health care insurance policies or health care contracts and TDI and Health Care employers' self-developed plans or collective bargaining agreements to determine if provision of the policies, contracts, plans or agreements meet statutory requirements.

A position in this class serves as a branch chief and directs professional and clerical supportive staff under broad divisional guidelines and general technical and program direction from Program Officers responsible for the TDI and the Pre-paid Health Care programs. A position in this class is responsible for the development of operational policies and guidelines and the determination of operational priorities within program guidelines established by the Program Officers. A position in this class is responsible for resolving operational problems, coordinating all branch activities, and ensuring technical adequacy of the work. Supervisory review at this level is limited to conformance with overall program, divisional and general administrative guidelines and technical decisions are not normally questioned. However, matters relating to the interpretation and application of the law, rules and regulations which are not covered by existing policies or precedent cases are discussed with the Program Officer responsible for the functional area applicable and/or division administrator;

although a position in this class is expected to be able to make a recommendation as the handling and disposition of the immediate case involved and as to policy and/or procedures to handle future similar or related cases.

Examples of Duties:

Supervises the operations of a program for claims examination and for the statewide review and approval of plans for the provision of temporary disability and health care benefits to eligible employees of Hawaii; supervises the examination of claims from employees whose employers became bankrupt or went out of business and from unemployed persons whose unemployment insurance benefits were terminated because of failure to accept a bona fide job offer because of temporary illness or disability; directs and supervises the review of TDI claims rejected by insurance carriers or self-insured employers or others to determine if rejections were in accordance with statutory requirements or in conformance with provisions of the insurance policy, employer's plan or any applicable collective bargaining agreement; directs and supervises the review of claims for health care which were rejected and appealed because of failure of the claimants to pay their premium, to determine the facts and to attempt to resolve the claim without resort to formal hearing; supervises the examination of health care insurance policies or contracts and all employer-developed plans and collective bargaining agreements providing TDI and Health Care benefits to determine if they provide minimum statutory benefits to covered employees and that employee contributions toward the plan do not exceed maximum statutory requirements; supervises the review of health care plans of individual employees who waive coverage under their employees' group medical plans to ensure benefits and features are at least as favorable as required by law and/or precedent decisions by the council; establishes branch operational objectives and determines and recommends changes for improvements such as procedural changes, staff development training, improved methods, techniques and procedures, increased resources for staff, equipment and other operating expenditures; conducts staff meetings to discuss operational problems and to ensure uniform understanding, interpretation and application of laws, standards, policies, rules and regulations; recommends appropriate action on personnel matters such as appointments, promotions, transfers, leaves of absences and disciplinary problems; determines and recommends changes of work schedules; refers cases to other branches for investigation; directs the scheduling of temporary disability insurance appeals hearings; may examine claims and review and approve plans.

Knowledges and Abilities Required:

In addition to the knowledges and abilities required at the next lower level, this class requires knowledge of the operations, programs, policies and legal requirements pertinent to the claims

examination and plan review program; principles and practices of supervision, ability to assign and review the work of others; ability to deal effectively with subordinates, prepare comprehensive written reports and make sound judgments on difficult and controversial cases.

This is the first specification for the new class TEMPORARY
DISABILITY INSURANCE/HEALTH CARE SPECIALIST V.

DATE APPROVED: 6/29/77

for Rayne Samasali
DONALD BOTELHO

Director of Personnel Services